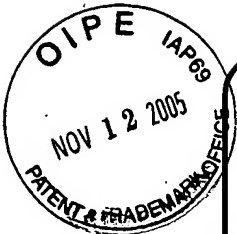


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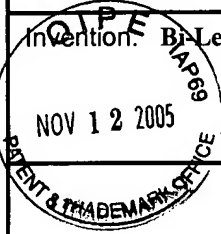
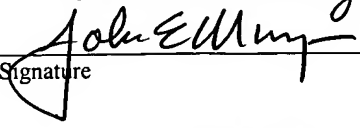
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<h1>TRANSMITTAL FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p>	Application Number	10/786,378	
	Filing Date	February 25, 2004	
	First Named Inventor	Hill	
	Art Unit	3751	
	Examiner Name	Andrew J. Rost	
Total Number of Pages in This Submission		Attorney Docket Number	SPD-101US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <p style="text-align: center;">Return Postcard</p>
Remarks: _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Jansson, Shupe, Munger & Antaramian, Ltd.	
Signature		
Printed name	John E. Munger	
Date	November 12, 2005	Reg. No. 37,685

I hereby certify that I have affixed sufficient postage as required by the United States Postal Service.	EXPRESS LABEL NO. <u>EL972615096US</u>	States Postal Service with "Patent Mail" indicia, VA 22313-1450 on the
	I hereby certify that this correspondence is being deposited with the United States Postal Service as EXPRESS MAIL in an envelope addressed to: Mail Stop <u>Issue Fee</u> COMMISSIONER FOR PATENTS, P.O. Box 1450, Alexandria, VA 22313-1450 on <u>11/12/05</u> .	
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This collection of information is for the use of the USPTO to provide information to the public which is to file (and this collection is estimated to take 2 hours to complete, if the individual case, is sent to the Chief Information Officer, P.O. Box 1450, Alexandria, VA 22313-1450.	Name: <u>John E. Munger</u>	the public which is to file (and this collection is estimated to take 2 hours to complete, if the individual case, is sent to the Chief Information Officer, P.O. Box 1450, Alexandria, VA 22313-1450.
	Signature:	

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. SPD-101US	
Applicant(s): Hill					
Application No. 10/786,378	Filing Date 02/25/2004	Examiner Andrew J. Rost	Customer No. 24314	Group Art Unit 3751	Confirmation No. 3398
Invention: Bi-Leaved Valve Apparatus					
 COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	35 -	35 =	0	x \$25.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0	x \$100.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 10-0270 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
Signature			Dated:		
John E. Munger, Reg. No. 37,685 Jansson, Shupe, Munger & Antaramian, Ltd. 245 Main Street Racine, WI 53403 262/632-6900			EXPRESS LABEL NO. EL97261509645 I hereby certify that this correspondence is being deposited with the United States Postal Service as EXPRESS MAIL in an envelope addressed to: Mail Stop Issue Fee , COMMISSIONER FOR PATENTS, P.O. Box 1450, Alexandria, VA 22313-1450 on 11/12/05 . Name: John E. Munger  Signature _____ Date November 12, 2005		
CC:					



THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

David J. Hill

Attorney Docket No. SPD-101US

Serial No. 10/786,378

Group Art Unit: 3751

Filed: February 25, 2004

Examiner: Andrew J. Rost

Title: Bi-Leaved Valve Apparatus

* * * * *

November 11, 2005

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT UNDER 37 C.F.R. §1.312

Sir:

This is an amendment of the above-captioned patent application after allowance, pursuant to 37 CFR §1.312. It is requested that claims 17 and 22 be amended as set forth below.

Please amend the above-identified application as follows:

Amendments to the Claims begin at page 2 of this Amendment.

Remarks begin at page 11 of this Amendment.